



Mental Health Services Act (MHSA) Issue Resolution Form
COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Program Support Bureau – MHSA Implementation & Outcomes Unit

Contact Information			
<input type="checkbox"/> I wish to remain anonymous	Name		Telephone Number
Street Address	City	State	Zip Code
E-mail Address			
Describe the issue you would like addressed and please be specific. (You may attach a separate sheet if more space is needed.)			
What is your proposed solution?			

Signature

Date Signed

For Office Use ONLY			
Issue Taken By (The Employee)			Date Issue Was Received
Resolution Status:	<input type="checkbox"/> In Review	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Date of Status:			
Actions Taken/Comments			
Reason(s) for Decision			

Print Reviewer's Name

Reviewer's Signature

Submit your form to:

County of Los Angeles - Department of Mental Health
 MHSA Implementation & Outcomes Unit
 695 South Vermont Avenue, Suite 800, Los Angeles, CA 90005 or
 E-mail to: MHSAIssueResolution@dmh.lacounty.gov or Fax: (213) 351-2762